

05/17/00  
jc759 U.S. PTO

jc759 U.S. PTO  
09/453936  
05/17/00

## TRANSMITTAL FORM



05/17/2000

Version: 1.0.0

Application Type: Utility Patent Filing

# METHOD AND SYSTEM OF REMOTE DIAGNOSTIC, CONTROL AND INFORMATION COLLECTION USING A DYNAMIC LINKED LIBRARY OF MULTIPLE FORMATS AND MULTIPLE PROTOCOLS WITH RESTRICTION ON PROTOCOL

Application No.: 09/453,936

Attorney Docket No.: 5244-0125-2

First Named Inventor: Dr. Tetsuro MOTOYAMA

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

Email Address: mcasey@oblon.com

Attached declaration: 125-dec.tif

Attached fee-transmittal: 52440125fee.xml

Attached specification: 125app.xml

SUBMITTED BY

# FEE TRANSMITTAL

1c759 U. S. PTO  
09/453936  
05/17/00

Electronic Version: 1.0.1

*Patent fees are subject to annual revisions on or about October 1st of each year. Small entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See 37 C.F.R. Sections 1.27 and 1.28.*

Filing As Large Entity

**Total payment: \$ 690.00**

**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

Deposit Account Number: **15-0030**

Deposit Account Name: **Oblon, Spivak et al.**

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

## BASIC FILING FEE

Fee Description	Fee Paid
Utility Filing Fee	\$ 690

Subtotal For Basic Filing Fee: **\$ 690.00**

## SUBMITTED BY

Attorney or Agent Name: **Dr. Michael R. Casey**

Registration Number:

Electronic Signature Mark: **/mrc**

Date Signed: **20000517**

Attorney or Agent Name: **Dr. Michael R. Casey**  
Electronic Signature Mark: /mrc  
Date Signed: **20000517**  
Registration Number:

---

0043936-051700